

JANUARY 1, 2001 WRS ANNUAL STATEMENT OF BENEFITS DISTRIBUTION REPORT

Employer Name	EIN #
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I certify that:

- 1) I received the January 1, 2001 *Statement of Benefits* forms for my organization's employees from the Department of Employee Trust Funds on _____;
(month/day)
- 2) I distributed all *Statements* to employees beginning on _____, except for the
(month/day)
following employees for whom I could not make a distribution. For example, they no longer work here. (Provide **Name and Social Security Number**. Use reverse side of form if more space is needed):

_____	_____
_____	_____
_____	_____

RETURN THIS FORM BY OCTOBER 31, 2001 TO: Department of Employee Trust Funds, Division of Employer Services, P. O. Box 7931, Madison WI 53707-7931. THIS FORM MAY BE USED WITH A WINDOW ENVELOPE.

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DEPARTMENT OF EMPLOYEE TRUST FUNDS
DIVISION OF EMPLOYER SERVICES
PO BOX 7931
MADISON WI 53707-7931